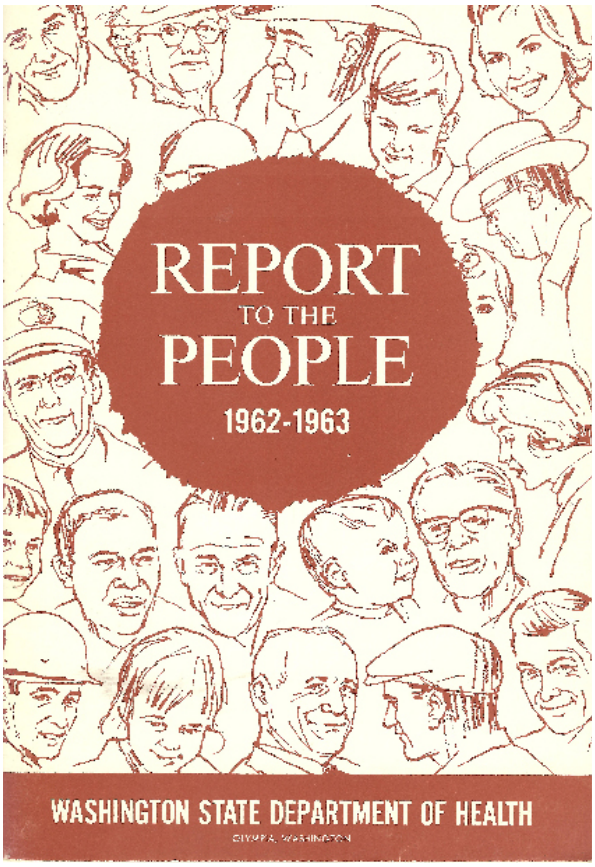
STATE HEALTH REPORT 2014

WASHINGTON STATE BOARD OF HEALTH

Working for a safer and healthier Washington since 1889



*ABOUT THE COVER

The Washington State Board of Health was established in the State Constitution in 1889 making the Board one of the oldest public health agencies in the state. As our state celebrates its 125 anniversary we have gone into our archives to look at some of the reports produced by the Board in its various forms since its establishment.

The cover of the 2014 State Health Report is a homage to that of the 1962 - 1963 Report to the People. In 1962, the Board was the governing body overseeing a very different Department of Health.

We recognize that the organizational structures of government do shift, but our commitment to public health never wavers.

For more about the 125 celebration visit: SeymourHistoryWA.org or WA125.org. You can also search Twitter with the hashtag: #seymourhistory

2014 State Health Report

Contents

Introduction	2
About the Washington State Board of Health	3
About the Governor's Interagency Council on Health Disparities	4
Oral Health	5
Health Impact Reviews	8
Language Access	11
Alignment with Results WA	14
Appendix	I-VI

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Introduction

RCW 43.20.100 requires the Washington State Board of Health (Board) to produce a biennial report to the Governor that suggests "public health priorities for the following biennium and legislative action as it deems necessary."

With this 2014 report, the State Board of Health highlights two important topics that will improve the health of Washington state residents and promote health equity. The Board will also highlight its work in assessing the impact of potential legislative or budgetary proposals through the Health Impact Review process.

It is important to understand that this report does not describe the state of physical health in Washington—the diseases and injuries we experience, the causes of our deaths, our health trends, or how Washington compares to other states. That information is available in other documents, such as the Health of Washington State published by the Department of Health. Nor is this report designed to inventory all the things that state health agencies are currently doing such as addressing access to care. There are far too many initiatives to capture in one document. Instead, this report highlights priorities and activities of the Board and the Governor's Interagency Council on Health Disparities (Council) that deserve the attention of the Governor, the Legislature, and senior managers across state agencies.

About the Washington State Board of Health

The Washington State Board of Health serves the citizens of Washington by working to understand and prevent disease across the entire population. Established in 1889 by the State Constitution, the Washington State Board of Health provides a public forum for the development of public health policy in Washington. The Board monitors the health of the people who live in Washington, and develops policies that prevent disease and promote and protect the public's health. It recommends strategies and health goals to the Legislature and Governor and regulates a number of health activities.

The Governor appoints ten members who fill three-year terms, with the exception of the Secretary of Health, who serves at the Governor's pleasure. Local health jurisdictions are represented by a local health officer, cities and counties are each represented by an elected official. There are two consumer representatives, and four members represent health and sanitation, one of whom represents the tribes.

The Washington State Board of Health also staffs the Governor's Interagency Council on Health Disparities.

Current Board Members	
Four People Experienced in Matters of Health and Sanitation	
Keith Grellner	Stephen Kutz, Tribal Representative
Dr. Thomas Pendergrass	Dr. James Sledge, DDS
An Elected City Official Who is a Member of a Local Health Board	
The Honorable Donna Wright	
An Elected City Official Who is a Member of a Local Health Board	
The Honorable John Austin, Chair	
A Local Health Officer	
Dr. Diana T. Yu	
Department of Health Secretary	
John Wiesman, DrPH, MPH	
Two People representing Consumers of Health Care	
Fran Bessermin	Donald L. Oliver

About the Governor's Interagency Council on Health Disparities

The Governor's Interagency Council on Health Disparities was established by the Legislature in 2006 and charged with identifying priorities on an incremental basis and creating recommendations for the Governor and the Legislature to eliminate health disparities by race/ethnicity and gender for those priority health topics.

The Council includes a chair and two consumer representatives appointed by the Governor as well as representatives from 14 state agencies, boards, and commissions. Its interagency structure enables it to focus not only on traditional health topics, but also on the social determinants of health, i.e., factors where we live, learn, work, and play that affect health. In recent years, the Council's focus has been on developing and implementing recommendations that its member agencies could take steps toward implementing within existing resources.

Current Council Members	
Representing the Governor's Office	
Emma R. Medicine White Crow, Chair	
Representing Washington Consumers	
Frankie Manning, Vice Chair	Gwendolyn M. Shepherd
Commission Representatives	
Kameka, Brown, Commission on African American Affairs	Sofia Aragon – Commission on Asian Pacific American Affaires
Nora Coronado – Commission on Hispanic Affairs	William Frank III – American Indian Health Commission
Representing Washington State Agencies	
Kim Eads – Department of Agriculture	Diane Klontz – Department of Commerce
Jonathan Green – Department of Early Learning	Millie Piazza– Department of Ecology
Gail Brandt – Department of Health	Marietta Bobba – Department of Social and Health Services
Vazaskia V.C. Caldwell – Health Care Authority	Greg Williamson – Office of Superintendent of Public Instruction
Representing State Boards	
Stephen Kutz – Washington State Board of Health	Nova Gattman – Workforce Training and Education Coordinating Board

Oral Health

The Washington State Board of Health recommends that the Governor and Legislature support the **Recommended Strategies to Improve the Oral Health of Washington**. The strategic recommendations are based on a review of established evidence and best practice models, consultation with expert informants, input from Washington state and national expert oral health review panels. The recommendations are not intended to be a comprehensive list of available strategies, but should be considered by communities, organizations, and agencies seeking to promote oral health in the State of Washington. Special consideration was given to oral health strategies that are evidence-based, cost effective, and impact high risk populations. These seven important strategies taken together will significantly improve the oral health of Washington residents.

Background

Oral health diseases are costly, painful, debilitating, and widespread in Washington state, affecting more than just the mouth. However, they are preventable. Oral health diseases are associated with systemic conditions such as diabetes, cardiovascular disease, adverse pregnancy outcomes, and aspiration pneumonia.

Dental disease is the most common chronic disease of childhood[1]. Untreated dental disease can cause intense pain that affects a child's ability to eat, get enough sleep, pay attention, and sit still in class.

For adults, untreated dental disease can result in pain, poor nutrition, lack of employability, and social isolation, which can impact quality of life. Older adults are particularly at-risk due to taking multiple medications that cause dry mouth and lead to tooth decay.

Poor dental health is costly for Washington residents. According to a 2010 report by the Washington State Hospital Association[2], dental complaints were the number one reason uninsured adults visited Washington state emergency rooms, costing over $36 million in an 18 month period.

Strategies that prevent and treat dental disease improve oral health and save money. For example, providing periodontal treatment to people with diabetes reduces hospitalizations by 61% in the first year of treatment and reduces their medical costs on average $3,200 per year[3].

In November of 2013, the Washington State Board of Health approved the Recommended Strategies to Improve the Oral Health of Washington Residents. The Board's intention was to provide leadership on public health policies that focus on oral health promotion, prevention, early intervention and treatment.

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[1] National Oral Health Policy Center. Trend Notes (April 2010, p. 2).
[2] Washington State Hospital Association. Emergency Room Use (October 2010).
[3] Jeffcoat M., et. Al, Periodontal Therapy Reduces Hospitalization and Medical Costs in Diabetes, Abstract, American Association of Dental Research. (March 23, 2012).

Recommended Strategies to Improve the Oral Health of Washington

Health Systems: Support policies and programs that improve oral health for Washington state residents.

- Maintain and build on effective programs, like Access to Baby and Child Dentistry, University of Washington Regional Initiatives in Dental Education (RIDE), and adult Medicaid coverage
- Examine cost-effective measures to strengthen Washington's dental public health infrastructure
- Explore cost containment measures to reduce inefficient oral health costs – for example decrease unnecessary emergency room use for dental issues
- Evaluate incentives for healthcare providers who provide services to low income adults and special populations, including individuals living with diabetes and pregnant women
- Support dedicated staffing to lead a statewide oral health coalition and measure the impact of oral health programs

Community Water Fluoridation: Expand and maintain access to community water fluoridation for the health benefit of children, adults, and seniors.

- Support communities that currently provide optimal levels of fluoride to their residents and those seeking to adopt community water fluoridation
- Support efforts to educate and inform Washington state residents about the importance of fluoridation to improve community health
- Engage with organizations, agencies and coalitions to promote community water fluoridation in Washington state

Sealant Programs: Provide school-age children with access to dental sealants to prevent cavities.

- Promote school based sealant programs aligned with the Centers for Disease Control and Prevention's expert work group recommendations for school-based sealant programs

Interprofessional Collaboration: Incorporate oral health improvement strategies across healthcare professions (such as medicine, nursing, social work, and pharmacy) and systems to improve oral health knowledge and patient care.

- Encourage the State of Washington's healthcare systems and providers to incorporate oral health into their practices
- Encourage health focused educational institutions to incorporate and maintain oral health in their curricula
- Explore innovative collaborative approaches to improve interprofessional delivery of oral health services - for example explore oral health models used by other states
- Support strategies that focus on high risk groups like pregnant women, children, seniors, and those with exacerbating chronic conditions like diabetes or HIV/AIDS

Oral Health Literacy: Improve the capacity of people to obtain, understand, and use health information in order to increase their acceptance and adoption of effective oral health focused preventive practices.

- Encourage collaboration to provide consistent and culturally relevant oral health messaging in settings with at-risk populations: perinatal, senior centers, and early learning (such as Head Start, child care, and home visiting programs; and Women, Infants, and Children Food and Nutrition Services)
- Collaborate with diverse organizations to promote oral health - for example, engage with the Office of Drinking Water, community based anti-obesity efforts, and private enterprise in order to promote healthy behaviors like drinking water, healthy eating habits, reducing tobacco use, and preventing mouth injuries

Surveillance: Monitor trends in oral health indicators to ensure policies and programs are advancing the oral health of Washington residents, including those most at risk for poor oral health outcomes.

- Maintain the Washington State Smile Survey to monitor the oral health of preschool, kindergarten, and elementary school-age children; and the Washington State Oral Disease Burden Document to monitor the oral health of all residents
- Implement oral health surveillance systems for vulnerable populations, including patients enrolled in Medicaid or State Children's Health Insurance Program, homeless, and elders.
- Utilize surveillance tools, including Behavioral Risk Factor Surveillance System (BRFSS), Pregnancy Risk Assessment Monitoring System (PRAMS), and Cancer Registry among others, to design and track measurable goals and objectives toward improving oral health among Washington residents

Next steps

The Board will hold a workshop in July 2014 for state agency representatives to identify ways they may align with the recommended oral health strategies. Agency contributions may fit with existing efforts directed at furthering the Healthiest Next Generation and/or Results Washington. Partner agencies will be invited to attend as well as stakeholders and foundation representatives.

The outcome of the workshop will be a concise summary of what state agencies are doing or plan to do within the recommended strategic framework. The workshop will also identify recommendations for future work or initiatives. Workshop results will be presented to the Board in the fall of 2014.

Health Impact Reviews

The Washington State Board of Health recommends that the Governor and state legislators request health impact reviews on legislative and budgetary proposals that directly impact health or the factors that affect health (e.g. transportation, education, housing, environment, workforce development). Fully leveraging health impact reviews as a resource will help assure that Washington considers the potential impacts of legislation on health and health disparities before the proposals are implemented. Ensuring that health is protected and enhanced through policy has potential to both improve the health of Washington and to strengthen the state's economy by decreasing health care costs and ensuring a healthy and productive workforce.

Health impact reviews

According to RCW 43.20.285, the Board must conduct health impact reviews in collaboration with the Governor's Interagency Council on Health Disparities. A health impact review is an analysis of how a proposed legislative or budgetary change will likely impact health and health disparities in Washington. It provides objective information that policy makers can use when deciding whether to proceed with a proposal or to make changes to the proposal to mitigate the harms, maximize the health benefits, and potentially reduce costs. Health is impacted by a variety of factors such as where we live, learn, work, and play—so health impact reviews can be requested on any topic. Statute requires that staff complete health impact reviews within ten days when requested during legislative session, but reviews can also be requested during the interim. Only the Governor or a member of the Legislature can request a review.

To our knowledge, no other state has developed a health impact review framework like Washington's. The legislation creating health impact reviews and the review process itself provide a model framework, and other states have already expressed interest in adapting and implementing our model.

In 2006 the legislature created the Council (RCW 43.20.275) and gave the Board and the Council the responsibility and authority to conduct health impact reviews. The Board and Council conducted health impact reviews between 2007 and 2010, but due to budget constraints health impact review funds were suspended during the 2009-2011 and 2011-2013 biennia. Funding to conduct health impact reviews was restored in the 2013-2015 biennial operating budget.

How to request a health impact review

The Governor or a state legislator can request a health impact review through a number of methods:

- Online: sboh.wa.gov
- Email: HIR@sboh.wa.gov
- Phone: (360) 236-4106

The online option provides an easy to use tool to request a review.

Health impact review process and product
Once a health impact review has been requested, Board and Council staff review the literature and collaborate with experts in the field to determine if there is empirical support that the proposal will likely impact health and health disparities, and if so, how strong the evidence is. Staff then measures the body of literature against a set of criteria in order to classify the strength of the evidence, with strengths ranging from 'minimal' to 'very strong evidence.' The criteria include factors such as the number of studies, the consistency of the findings, and the robustness of the study designs.

Each review includes a one-page executive summary so the information can be easily disseminated. The full report includes a visual representation of the pathways between the proposal and health, a written explanation of the evidence, and annotated references which provide decision makers and their staff with concrete evidence supporting the findings of the health impact review.

Health impact reviews completed in 2014
For the 2014 legislative session, staff completed six health impact reviews–one just prior to session, four during, and one at the close. Table A provides a summary of health impact review requests and findings. The one-page executive summaries for these reviews are also included in Appendix I-VI. The full reports for each review are available on the Board's Health Impact Review Web page.

Table A: Health Impact Reviews Requested For the 2014 Legislative Session

Subject of Request	Requester	Overall Findings
SHB 1680 – Relating to implementing strategies to close the educational opportunity gap	Representative Sharon Tomiko Santos	SHB 1680 has potential to decrease disproportionate representation of students of color in disciplinary action in schools; increase cultural competence among educators; increase the number of teachers with endorsements in special education, bilingual education, and English language learner education; increase recruitment and retention of teachers of color; decrease educational opportunity gaps; and decrease health disparities.
SB 6170 – Concerning cultural competency education for health care professionals	Senator Karen Keiser	SB 6170 has potential to increase cultural competency among health care personnel, improve health and healthcare outcomes for diverse patient populations, and decrease health disparities.
SSB 6439 – Concerning preventing harassment, intimidation, and bullying in public schools	Senator Marko Liias	SSB 6439 has potential to decrease bullying in schools; improve student health outcomes (particularly for lesbian, gay, bisexual, transgender, queer, and questioning students and students who are underweight or overweight); and decrease health disparities.
HB 2451 – Restricting the practice of sexual orientation change efforts	Senator Marko Liias	HB 2451 has potential to mitigate harms and improve health outcomes among lesbian, gay, bisexual, transgender, queer, and questioning patients and

		decrease health disparities.
Capital Budget Request – Request to partially fund the construction of five community health centers	Representative Cindy Ryu	Partially funding the five community health centers has potential to increase access to culturally and linguistically appropriate health care and improve health outcomes for an estimated 42,300 underserved patients and to decrease health disparities.
SB 5571 – Increasing public awareness of mental health illness and its consequences	Senator Rosemary McAuliffe	SB 5571 has potential to increase knowledge of mental health issues; decrease mental health stigma; lead to positive behavior changes such as increased help-seeking, improve health outcomes; and decrease health disparities.

Language Access

The Washington State Board of Health recommends the Governor, Legislature, and state agencies support the following language access recommendations from the Governor's Interagency Council on Health Disparities:

1. State agencies should develop and implement language access policies and plans containing the following key elements:
    - Assessment of appropriate language assistance needs using the four-factor analysis outlined in the Department of Justice Guidance.[4]
    - Identification and translation of essential public documents.
    - Provision of quality and timely interpretation services.
    - Procedures for training staff on the policy and agency procedures.
    - Posting of signage about the availability of interpretation services.
    - Measurement and reporting system to track services provided.
    - Public awareness strategies.

2. State agencies should designate language access coordinators to oversee and implement their agency's language access plans.

3. The Governor's Office should identify an individual and/or office (at the executive level if possible) to provide central coordination, including the following key functions:
    - Ensure prioritization of language access across agencies.
    - Oversee implementation of agency language access policies and plans.
    - Develop resources, tools, and templates to facilitate implementation across agencies.
    - Convene regular meetings of agency language access coordinators to leverage resources and share best practices.

These recommendations promote health equity and work to reduce health disparities by ensuring people with limited English proficiency have access to the information and services our state agencies provide. Equitable access to information on how to obtain housing or nutrition assistance, requirements for school entry, how to apply for unemployment benefits, and how to obtain a small business license helps to ensure all Washingtonians have access to resources that promote health directly or indirectly by contributing to the social determinants of health.

Background

In accordance with RCW 43.20.275, the Council has the statutory responsibility to collect information and make recommendations to improve the availability of culturally and linguistically appropriate services within public and private agencies. It is also authorized to gather information to understand how the actions of state government ameliorate or contribute to health disparities. In alignment with those responsibilities, the Council adopted the state system and its impacts on health disparities as a priority and convened an ad hoc workgroup of Council members to develop recommendations for the full Council's consideration. Workgroup members

[4] Department of Justice Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons.

agreed to focus on language access to state services and presented draft recommendations to the Council at its May 2014 meeting. The Council adopted the recommendations at that meeting and is incorporating them into its June 2014 Update report to the Governor and Legislature.

Washington Demographics

Washington's population continues to become more diverse. In 2010, the Office of Financial Management estimated that 27.2% of Washingtonians were people of color, up from 23.8% in 2008 and 20.6% in 2000. Washington's Hispanic population has been the fastest growing group, increasing from 9.3% in 2008 to 11.2% in 2010. The Asian and Pacific Islander population increased from 6.9% to 7.7% over the same period. In 2010, the Black and American Indian/Alaska Native populations accounted for 3.4% and 1.4% of the total population, respectively.[5]

Moreover, the foreign-born population in Washington state is growing. Between 2000 and 2011, the foreign-born population grew by 48.0% and in 2011, made up 13.3% of Washington's total population.[6] The largest share of the foreign-born population was from Asia (39.8%) and the second largest was from Latin America (30.7%). The growth in the foreign-born population is important since in 2011, 46.7% of Washington's total foreign-born population was Limited English Proficient (LEP).[7] Further, in 2011, 4.2% of all households in Washington were linguistically isolated (i.e., all persons in the household age 14 and over were LEP). Washington state is among the top ten states with the largest LEP population and the highest growth in LEP population.[8] Currently, there are more than half a million LEP persons in Washington State and the percent of the population age 5 and above living in households where English is spoken less than "very well" has risen from 2.7% in 1980 to 8.0% in 2011.[9] The most prevalent languages spoken are Spanish, Chinese, Vietnamese, Korean, and Russian.

Federal Requirements for Providing Language Assistance Services:

There are a number of federal requirements related to the provision of language assistance services. Title VI of the Civil Rights Act ensures no person can be excluded from participation, denied benefits, or subjected to discrimination on the grounds of race, color, or national origin by any recipient of federal financial assistance. In Lau v. Nichols (1974), the Supreme Court interpreted Title VI as ensuring that LEP individuals are not excluded from participation in federally-funded programs, establishing a link between discrimination based on national origin and discrimination based on language. On August 11, 2000, the President signed Executive Order 13166, which required each federal agency to develop a plan to improve access to programs and activities for LEP persons and to draft guidance for its recipients of financial

[5] Washington State Office of Financial Management. Total Population by Race, age, sex and Hispanic Origin: 2010.
[6] Migration Policy Institute (2012). MPI Data Hub: Washington Social and Demographic Characteristics.
[7] Migration Policy Institute (2012). MPI Data Hub: Washington Language and Education.
[8] Migration Policy Institute (2011). National Center on Immigrant Integration Policy. LEP Data Brief: Limited English Proficient Individuals in the United States: Number, Share, Growth, and Linguistic Diversity.
[9] Washington State Office of Financial Management. Languages Spoken at Home (modified May 1, 2013).

assistance based on guidance from the Department of Justice. In February 2011, U.S. Attorney General Eric Holder, issued a memorandum reaffirming the federal government's commitment to language access obligations under Executive Order 13166.

Alignment with Results Washington

Results Washington is Governor Inslee's strategic framework to make state government more effective, efficient, accountable, and transparent. All state agencies are working collaboratively to achieve the goals of world-class education; prosperous economy; sustainable energy and a clean environment; healthy and safe communities; and efficient, effective, and accountable government.

This section of the report demonstrates how Board and Council recommendations fit into the Results Washington framework. The following two goal maps show the Results Washington Goals, Goal Topics, Sub Topics, and Outcome Measures that the Board and Council's recommendations align with. These recommendations are shown in the dashed boxes.

On these goal maps Board and Council recommendations are placed under goals four (healthy and safe communities) and five (effective, efficient, and accountable government). These are the goals with which each recommendation most closely aligns. However, because health has such an important impact on a variety of other factors (such as educational opportunities and workforce productivity) these recommendations have potential to help achieve a number of the Results Washington goals.

Collectively, these strategies help to achieve Results Washington goals as well as the Board's mission to promote and protect the public's health and the Council's aims to eliminate health disparities and promote health equity.

Goal Map – Results Washington Goals 4 and 5

GOAL 4: HEALTHY AND SAFE COMMUNITIES

Fostering the health of Washingtonians from a healthy start to a safe and supported future

HEALTHY PEOPLE

Provide access to good medical care to improve people's lives

HEALTHY YOUTH AND ADULTS

1.2: Decrease percentage of adults reporting fair or poor health from 15% in 2011 to 14% by 2017

Implement the Washington State Board of Health "Recommended Strategies to Improve the Oral Health of Washington"

Request health impact reviews of legislative and budgetary proposals that directly impact health or the factors that affect health (e.g. transportation, education, housing, environment, workforce development)

GOAL 5: EFFECTIVE, EFFICIENT AND ACCOUNTABLE GOVERNMENT

Fostering a Lean culture that drives accountability and results for the people of Washington

CUSTOMER SATISFACTION AND CONFIDENCE

"I'm being served well"

CUSTOMER SATISFACTION

1.1: Increase/maintain customer service satisfaction with accuracy, timeliness, respectfulness from XX% to more than 80% by 20XX

Ensure meaningful access to state services and information among Washingtonians with limited English proficiency

Executive Summary: Health Impact Review of SHB 1680
On Closing the Educational Opportunity Gap

Evidence from the literature indicates that, overall, SHB 1680 has potential to decrease health disparities in Washington state.

This health impact review found the following evidence regarding the provisions in SHB 1680:

Student Discipline
- Some evidence that closing discipline gaps would decrease student perceptions of discrimination.
- Strong evidence that closing discipline gaps would decrease discipline recidivism and curb the school-to-prison pipeline.
- Very strong evidence that closing discipline gaps would decrease educational opportunity gaps.

Educator Cultural Competence
- Some evidence that cultural competence training would increase the cultural competence of educators.
- Strong evidence that educator cultural competence would decrease educational opportunity gaps.

English Language Learners
- Some evidence that increasing the number of educators with special education, bilingual education, and English language learner endorsements would decrease educational opportunity gaps.
- Strong evidence that the development of a new accountability system for the Transitional Bilingual Instructional Program, if grounded in evidence, would decrease educational opportunity gaps.

Data Disaggregation
- Strong evidence that disaggregating data could provide a better picture of educational opportunity gaps, thereby improving understanding of and the ability to decrease educational opportunity gaps.

Recruitment of Educators of Color
- Strong evidence that modifying the model framework for high school Career and Technical Education courses related to careers in education, creating articulated pathways to teacher certification, and ensuring that paraeducator apprenticeship/certificate programs meet standards of cultural competency would decrease educational opportunity gaps.

The Relationship between Education, Income, and Health
- Very strong evidence that decreasing educational opportunity gaps would decrease gaps in educational attainment.
- Very strong evidence that decreasing gaps in educational attainment would both decrease health disparities directly and indirectly through decreasing income gaps.

For more detailed pathways, strength-of-evidence analyses, and citations of empirical evidence refer to the full health impact review which can be found at:

http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2013-01-SHB1680.pdf

For more information contact:
(360)-236-4106 | hir@sboh.wa.gov
or go to sboh.wa.gov

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HEALTH EQUITY
Governor's Interagency Council on Health Disparities

Executive Summary: Health Impact Review of SB 6170

Concerning Cultural Competency Education for Health Care Professionals

Evidence indicates that SB 6170 has the potential to increase cultural competency among health care personnel, which in turn has potential to improve health and health care outcomes for diverse patient populations, thereby decreasing health disparities

BILL INFORMATION

Title: Concerning cultural competency education for health care professionals

Sponsors: Senators Keiser, Becker, Pedersen, Cleveland, Hasegawa, McCoy, Kohl-Welles, Frockt, McAuliffe, Kline

Summary of Bill:

- Requires disciplining authorities specified in RCW 18.130.040 to adopt rules requiring health professionals to receive cultural competency continuing education.
- Requires the Department of Health to develop a list of continuing education opportunities related to cultural competency.

HEALTH IMPACT REVIEW

Summary of Findings:
This health impact review found the following evidence regarding the provisions in SB 6170:

- Strong evidence that cultural competency training for health care professionals improves the cultural relevance of care.
- Strong evidence that culturally relevant care improves health and health care outcomes and decreases health disparities.
- Strong evidence that culturally relevant care increases patient satisfaction.
- Some evidence that cultural competency training for health care professionals increases patient satisfaction.
- Some evidence that patient satisfaction is associated with improved health and health care outcomes..
- Minimal evidence directly indicating that cultural competency training for health care professionals improves health and health care outcomes and decreases health disparities (few studies have examined the direct link between training and health outcomes).

FULL REVIEW

For review methods, a logic model showing the potential pathways between the bill and decreased health disparities, strength-of-evidence analyses, and citations of empirical evidence refer to the full health impact review which can be found at:

http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2014-01-SB6170.pdf

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HEALTH EQUITY
Governor's Interagency Council on Health Disparities

Executive Summary: Health Impact Review of SSB 6439

Concerning Preventing Harassment, Intimidation, and Bullying in Public Schools

SSB 6439 has potential to decrease bullying; and evidence indicates that bullying is associated with negative health outcomes. Lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ), underweight, and overweight students disproportionally experience bullying and poor health outcomes. Therefore mitigating bullying would likely have a stronger positive impact on these populations, thereby decreasing health disparities.

BILL INFORMATION

Sponsors: Senate Early Learning and K-12 Education (originally sponsored by Senators Liias, Litzow, McAuliffe, Billig, Kohl-Welles, Keiser, Pedersen, Mullet, Rolfes, Cleveland, Fraser, Frockt)

Summary of Bill:

- The definition of harassment, intimidation, or bullying is amended to include emotional harm.
- Educational Service Districts (ESD) must develop trainings for the primary contacts ('Compliance Officers') in their districts regarding the model antiharassment, intimidation, cyberbullying, or bullying policy. The training must be based on the model policy; preexisting resources, trainings, and videos provided on the Office of Superintendent of Public Instruction's (OSPI) website; and include materials on hazing.
- The Compliance Officers must attend the training developed by their ESD at least one time.
- The Washington State School Directors' Association must consult with the Office of Education Ombuds and others with expertise on civil liberties of students to update the policy to include cyberbullying. The policy must provide guidance to districts on how to enforce cyberbullying policies without violating student rights.

HEALTH IMPACT REVIEW

Summary of Findings:

We have assumed, based on bill language, that when developing trainings ESDs would fully leverage the resources on OSPI's website which include best practices in bullying prevention, and that this has potential to improve Compliance Officers' knowledge of and ability to address this issue thereby potentially decreasing bullying. If these assumptions are not met than the trainings may not be effective in reducing bullying.

This health impact review found the following evidence regarding the provisions in SSB 6439:

- Very strong evidence that decreasing bullying would likely improve health outcomes for students.
- Strong evidence that LGBTQ students are at high risk for being bullied and would therefore likely see improved health outcomes as a result of decreased bullying.
- Very strong evidence that LGBTQ youth disproportionally experience negative health outcomes (such as those associated with bullying), therefore improving health outcomes for this population would likely decrease health disparities.
- Some evidence that underweight and overweight students are at high risk for being bullied and would therefore likely see improved health outcomes as a result of decreased bullying.
- Some evidence that underweight and overweight youth disproportionally experience negative health outcomes (such as those associated with bullying), therefore improving health outcomes for these populations would likely decrease health disparities.

FULL REVIEW

For review methods, a logic model showing the potential pathways between the bill and decreased health disparities, strength-of-evidence analyses, and citations of empirical evidence refer to the full health impact review: http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2014-02-SB6439.pdf

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HEALTH EQUITY
Governor's Interagency Council on Health Disparities

Executive Summary: Health Impact Review of HB 2451

Restricting the Practice of Sexual Orientation Change Efforts

Evidence indicates that HB 2451 has potential to mitigate harms and improve health outcomes among lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) patients, a population that is disproportionally impacted by poor health outcomes, thereby decreasing health disparities.

BILL INFORMATION

Sponsors: Representatives Liias, Walsh, Moeller, Cody, Walkinshaw, Jinkins, Lytton, Goodman, Stanford, Wylie, Riccelli, Pettigrew, Roberts, Orwall, Ryu, Tarleton, Reykdal, Habib, Bergquist, Gregerson, Farrell, Pollet, Ormsby

Companion Bill: SB 6449

Summary of Bill:

- Expands the list of acts that constitute unprofessional conduct by a licensed health care provider to include performing sexual orientation change efforts on a patient under age 18.
- Defines "sexual orientation change efforts" as any regimen that seeks to change an individual's sexual orientation—including efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. The definition does not include psychotherapies that promote acceptance, support, and understanding or facilitate coping, social support, and identity exploration, or provide interventions to address unlawful conduct or unsafe sexual practices, as long as they do not seek to change sexual orientation.

HEALTH IMPACT REVIEW

Summary of Findings:
This health impact review found the following evidence regarding the provisions in HB 2451:

- Some evidence that restricting sexual orientation change efforts would decrease the risk of harm and improve health outcomes for LGBTQ patients.
- Very strong evidence that LGBTQ adults and youth disproportionately experience many negative health outcomes, and therefore mitigating any emotional, mental, and physical harm among this population has potential to decrease health disparities.

FULL REVIEW

For review methods, a logic model showing the potential pathways between the bill and decreased health disparities, strength-of-evidence analyses, and citations of empirical evidence refer to the full health impact review which can be found at:

http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2014-03-HB2451.pdf

For more information contact:
(360)-236-4106 | hir@sboh.wa.gov
or go to sboh.wa.gov

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Executive Summary: Health Impact Review of Community Health Centers' Capital Budget Request

Request to Partially Fund the Construction of Five Community Health Centers

Evidence indicates that funding these community health centers has potential to increase access to culturally and linguistically appropriate health care and improve health outcomes for a projected 42,300 underserved patients, thereby decreasing health disparities

CAPITAL BUDGET REQUEST INFORMATION

Sponsor: Representative Ryu

Summary of Request:

- Requests 25% of the funding needed to build five community health centers (CHCs)—a total funding request of $14,700,000.
- Each project contact indicated ways their organization has secured or plans to secure the remaining funding to complete the project.
- These health centers include International Community Health Services in Shoreline, Yakima Valley Farmworkers Clinic in Toppenish, and Sea Mar Community Health Centers in Ocean Shores, Seattle, and Vancouver.
- Four of these projects would replace existing health centers with larger and more comprehensive facilities, while the fifth project would construct the first CHC in Shoreline.
- Combined, these five CHCs would provide care to a projected additional 42,300 patients once the clinics are operating at full capacity (which takes an average of three years).

HEALTH IMPACT REVIEW

Summary of Findings:
We have assumed that if these CHCs are provided with 25% of the funding for these projects, as requested, then the organizations would be able to secure the rest of the funding needed to complete these builds. This appears to be a strong assumption since each of the project contacts has indicated ways their organization has secured or plans to secure the remaining funding needed to complete the project.

This health impact review found the following evidence regarding this capital budget request:

- Very strong evidence that building these new CHCs and increasing patient capacity would likely increase access to care for underserved populations.
- Strong evidence that building these new CHCs and increasing patient capacity would likely increase access to culturally and linguistically appropriate care.
- Strong evidence that increasing access to care for underserved populations would likely improve health outcomes for these patient populations.
- Strong evidence that increasing access to culturally and linguistically appropriate services would likely improve health outcomes for diverse patient populations.
- Very strong evidence that improving health outcomes for underserved populations would likely decrease health disparities.

FULL REVIEW

For review methods, a logic model showing the potential pathways between the budget request and decreased health disparities, strength-of-evidence analyses, and citations of empirical evidence refer to the full health impact review: http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2014-04-Capbudget.pdf

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Executive Summary: Health Impact Review of SB 5571

Increasing Public Awareness of Mental Illness and Its Consequences

Evidence indicates that SB 5571 has potential to increase knowledge of mental health issues, decrease mental health stigma, and lead to positive behavior changes such as increased help-seeking, all of which have potential to improve health outcomes. The campaign target populations specified in the bill disproportionally experience negative mental health outcomes, stigma, and barriers to care; therefore improving health outcomes for these populations would likely decrease health disparities.

BILL INFORMATION

Sponsors: Senators McAuliffe, Litzow, Keiser, Dammeier, Rolfes, Rivers, Mullet, Kohl-Welles, Parlette, Shin, Ranker, Kline, Murray

Summary of Bill:

- The Department of Social and Health Services (DSHS) must develop and conduct a public awareness and education campaign regarding mental health issues among adults and children.
- The campaign must include information about a number of aspects of mental health including stigma, prevalence of disorders, treatment efficacy, and benefits of early identification.
- The campaign must be proportional across the state and targeted to reach persons from culturally and economically diverse backgrounds and geographically isolated areas; who have low literacy or limited ability in the English language; or who are from special populations.

HEALTH IMPACT REVIEW

Summary of Findings:

We have assumed, based on bill language and correspondence with DSHS, that when developing this campaign DSHS will tailor the campaign messaging appropriately to the target populations.

This health impact review found the following evidence regarding the provisions in SB 5571:

- Minimal evidence that a mental health campaign would decrease stigma associated with mental health issues and treatment.*
- Minimal evidence that a mental health campaign would lead to positive behavior changes such as increased help-seeking and help-offering.*
- Some evidence that a campaign would increase public knowledge of mental health issues.*
- Strong evidence that increased awareness and knowledge of mental health would decrease stigma associated with mental health issues and treatment.
- Strong evidence that decreasing mental health stigma would improve health outcomes.
- Strong evidence that decreased mental health stigma would lead to positive behavior changes.
- Very strong evidence that these positive behavior changes would improve health outcomes.
- Very strong evidence that the target populations for the campaign as outlined in the bill disproportionally experience negative mental health outcomes, stigma, and barriers to care—so improving health outcomes for these populations would likely decrease health disparities.

FULL REVIEW

For review methods, logic model, strength-of-evidence analyses, and citations of empirical evidence refer to the full health impact review: http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2014-05-SB5571.pdf

* Note that while there is only 'some' or 'minimal' recent evidence for the efficacy of mental health awareness and education campaigns, this is largely because mental health campaigns have not been well researched. There is a much larger body of literature exploring the efficacy of health promotion campaigns, including campaigns targeting other highly stigmatized health issues. The efficacy of these campaigns was not explored as it fell outside of the scope of this review.

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